

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name				Telephone Number	Date of In (mm/dd/y)		PERMIT #	
Puerto Vallarta				Con aur 2594				
Establishment Address (number and street, city, state, zip code)				812-945-3588	5-6	4-19	18-196	
4214	Cho	acles	town Rd New Albany, IN 47118		j.	₽. Y	1	
Owner				Purpose:	Follow-up Release Date			
Madin Bernal				1. Routine	NO 10 days			
Owner's Ad	ldress			2. Follow-up	Summary of Violations:			
				3. Complaint				
Person in C	harge	`.	1 /	4. Pre-Operational	CONCZRI			
Carlos Lopez				5. Temporary				
Responsible	Person's	E-ma		6. HACCP	Menu Type (See back of page)			
							,	
Certified Fo	ood Mana	ger	\sim 1 1	7. Other (list)	12	3 <u>/</u>	_45	
			Carlos Lopez				1 0	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Narrative			To Be Co	rrected By	
\$295	NC	R	Observed dried food debris	07 Can of	2lner	Corre	7-0	
W C 13	<i>/</i> UC_	1	· 	01 (07 9)	- 7-47	COTTE	cre 4	
		Runeat slicer.				1 0		
	L		Observed black spots in ice	machine in	·	Toda	·/	
			Kitchen.					
23355	K		Mon water not being	disposed of		todo	·/	
	75 -		in most cial - DTC stated it acts					
13355 K Mop water not being disposed of in mop sink PIC stated it gets dumped in Storm drain.						 	<u> </u>	
	dumped in Stotes at all.						:	
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Received by (name and title printed): Inspected by (name and title printed): Thomas Si, de, EHS							·	
Received by (signature): Inspected by (signature):								
Frain Lorez D Kromnowick								
cc: cc:								
'								